



HATCHERY SCIENTIFIC RESEARCH APPLICATION FORMS

19a

JANUARY 2004

**FOR USE IN THE CALENDAR YEAR 2004
CYCLE ONLY**

***Hatchery Scientific Review
Group Mission Statement:***

To conserve indigenous genetic resources, assist with the recovery of naturally spawning populations, provide for sustainable fisheries, conduct scientific research, and improve the quality and cost-effectiveness of hatchery programs.

**Hatchery Scientific Review
Group Members**

Dr. Lars Mobrand, Chair, Mobrand Biometrics

H. Lee Blankenship, Vice Chair, WDFW

John Barr, Vice Chair, NWIFC

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Hatchery Scientific Research Grants Calendar Year 2004 Application Forms

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Hatchery Scientific Research Grants Calendar Year 2004

Introduction

The Hatchery Scientific Review Group (HSRG) is seeking grant applications for its calendar year 2004 application cycle. Proposals are only being requested from grants funded in 2003. As with previous funded HSRG grants, these funds are treated as part of "salmon recovery" and overhead or "indirect" costs will not be funded. Applications are made using the forms contained in this booklet.

Contacting HSRG

Hatchery Scientific Review Group
Interagency Committee for Outdoor Recreation
Natural Resources Building
1111 Washington Street
P.O. Box 40917
Olympia, WA 98504-0917

Voice (360) 902-2636
FAX (360) 902-3026
TDD (360) 902-1996
Email Salmon@iac.wa.gov
Internet Web Page <http://www.iac.wa.gov>

The HSRG staff available to assist you with application questions are:

John Barr: E-mail: jbarr@nwifc.wa.gov (360) 438-8687
Lee Blankenship: E-mail: Lee.Blankenship@nmt.us (360) 596-9400
Don Campton: E-mail: DonCampton@fws.gov (360) 425-6072

**Application
Materials**

Applicants must submit the following information for each project to be considered for funding by the HSRG:

☒ ***Application Authorization Form.*** Applicants must complete an application authorization form for all projects submitted.

☒ ***Application Forms.*** Submit application forms as outlined in this booklet (Sections 1 through 11).

We ask for your patience and cooperation in completing these forms. While we understand the applicant's desire for simplicity, we also respect the public's need to know "where the money goes."

☒ ***Supplemental Question Responses.*** Submit written responses to the seven (7) supplemental questions.

☒ ***Other Materials (optional).*** Applicants may submit up to two (2) additional documents depicting important project information. These materials may include photos; site plans; sketches; parcel maps; drawings; renderings; other maps, charts, and graphs; or other graphics. *All materials must be 8-1/2" x 11" and reproducible via a black and white photocopy.*

Applicability

Not all forms and check boxes in this booklet are applicable to every grant proposal. Complete only those sections required for your project. It is possible you will complete only one or two items on any particular form.

**Submittal
Information**

Applicants must submit one original and ten (10) copies of the application, maps, other materials, and supplemental questions responses to the Hatchery Scientific Review Group for each project to be considered for funding.

Mail the application packets flat (unfolded) by January 29, 2004 to:

Hatchery Scientific Review Group
Interagency Committee for Outdoor Recreation
P.O. Box 40917
Olympia, WA 98504-0917

Applicants should retain one copy of all materials for their records.

Applications must be postmarked on or before January 29, 2004. Applications that are illegible, incomplete, or postmarked after the due date will be returned unprocessed. HSRG will not accept applications postmarked after the deadline. Faxed applications will not be accepted.

**Matching and
Donated
Resources**

Applicants may provide a match to the grant. Matching resources can include cash; bonds; local and other state or federal grants (unless prohibited by funding source); donated labor; equipment; or materials and force account. All matching resources must be an integral and necessary part of the approved project and must be eligible HSRG elements and items for the project. Additionally, the match for the project must be expended during the life of the HSRG grant agreement and must be documented.

Organizations are encouraged to coordinate hatchery and salmon recovery efforts with other programs, projects, and funding sources. Coordinating efforts and leveraging other sources of funding will help increase benefits to hatcheries, salmon, and their habitat as well as making the dollars go further.

**Reimburse-
ments**

The HSRG grant program is operated on a reimbursement basis. The sponsor must expend funds and provide documentation for expenditures prior to receiving compensation. Indirect costs are not eligible.

Please note, all reimbursements will be pro-rated based on the percentage of sponsor match. The sponsor match and HSRG amounts must be fully expended before a sponsor receives full reimbursement.

**Other Agency
Assistance**

Other agencies are also available to assist applicants. Specifically, the Department of Ecology has a Permit Assistance Center (1-800-917-0043 and a Web page: www.wa.gov/ecology).

Hatchery Scientific Research Grants Application Checklist

Application Materials are Due January 2004

✓	Item	Page
	Application Authorization Memorandum (submit one per applicant).	Page 6
The Application Materials listed below are required for each project submitted.		
	1. General Application Information	Page 7
	2. Applicant / Organization Information	Page 7
	3. Project Contact Information	Page 7
	4. Short Description of Project	Page 8
	5. Summary of Funding Request	Page 9
	6. Non-Capital Cost Estimates	Page 10-11
	7 a-b. Application Questionnaire	Page 12
	8. Work Site Information	Page 13
	9. Salmonid Species Information	Page 13
	10. Permits Needed	Page 14
	11. Supplemental Questions	Page 15
	Maps (general vicinity & work site)	Applicant Creates
	Other Materials (optional)	Applicant Creates

APPLICATION FORMS

**A complete set of application forms are
required for each project submitted.**

Application Authorization Memorandum
Each organization submitting a project(s) must complete this form.

TO: Hatchery Scientific Review Group (HSRG)
Interagency Committee for Outdoor Recreation
P.O. Box 40917
Olympia, Washington 98504-0917

FROM: _____
(applicant name)

HSRG is hereby requested to consider this application for financial assistance for the Hatchery Scientific Research grant(s) described below. Further, we agree to cooperate with the HSRG by furnishing such additional information as may be necessary to execute a HSRG Project Agreement and to adhere to all appropriate state and federal statutes governing grant monies under the Project Agreement. We are aware the grant, if approved, is paid on a reimbursement basis.

Project Name(s): _____
(Attach list _____
if needed) _____

I/we certify that to the best of our knowledge, the data in this application is true and correct. In addition, I/we certify that the matching resources identified in the application are committed to the above project. I/we acknowledge responsibility for supporting all non-cash commitments and donations should they not materialize.

Authorized Representative: _____
(signature) *(date)*

Printed Name and Title: _____

1. General Application Information

Project Name
(limit to 40 characters)

Project Type (check one)

☒ **Non-Capital** (Hatchery Scientific Research Grants)

2. Applicant / Organization Information

Organization Name

Organization Type (check one)

☐ Consultant

☐ Federal Agency

☐ Higher Education

☐ Native American Tribe

☐ Non-profit Organization

☐ State Agency

Organization Address

Address

City/Town

State, Zip

Telephone #

FAX #

E-mail address

3. Project Contact Information

Complete one for each contact.

☐ Mr. ☐ Ms. ☐ Dr. Title

First Name

Last Name

☐ Primary Contact OR ☐ Alternate Contact

Contact Mailing Address

Address

Work Telephone #

City/Town

FAX #

State, Zip

E-mail address

4. Short Description of Project

This description becomes part of a one-page project resume made available to the HSRG, media, legislators, and the public who inquire about your project. It is very important to be concise and thorough. **Clearly state your project objectives and anticipated outcome/benefits.** Include information such as purpose; project location; geographic scope; project activities; targeted species/stocks; planning; partnership groups and organizations supporting your project; time frame; other unique attributes; and anything that best describes your project. The database limits the space for this narrative to 1500 characters (including spaces); we will delete text that exceeds this limit.

5. Summary of Funding Request

Remember to update this section whenever changes
are made to your cost estimates.

A. TOTAL PROJECT COST (Sponsor Match & HSRG Contribution)

\$ _____

B. Sponsor Match Contribution (Match is optional)

Appropriation/Cash	\$ _____
Bonds - Council	\$ _____
Bonds - Voter	\$ _____
Cash Donations	\$ _____
Conservation Futures	\$ _____
Donated Equipment	\$ _____
Donated Labor	\$ _____
Donated Land	\$ _____
Donated Materials	\$ _____
Donated Property Interest	\$ _____
Federal Grant (name-_____)	\$ _____
Force Acct - Equipment	\$ _____
Force Acct - Labor	\$ _____
Force Acct - Materials	\$ _____
Grant - Other (name-_____)	\$ _____
State Grant (name-_____)	\$ _____
Undefined (name-_____)	\$ _____

Total Sponsor Match Contribution

\$ _____

C. HSRG Contribution (grant request)

\$ _____

B + C = A. TOTAL PROJECT COST is the Sponsor Match Contribution plus the HSRG Contribution.

**Note: The Total Project Cost must equal the
total from the following Cost Estimate in
Section 6.**

6. Non-Capital Cost Estimate

Complete only items that apply to your project.
TOTAL COST must include the HSRG and Sponsor's Match Contribution.
Use only whole dollar amounts.

Item	Unit	Qty.	Total Cost	Description Needed	Description (60 characters max.)
Communications					
Advertising	Lump sum			Optional	
Communications – other	Lump sum			Optional	
Postage	Lump sum			Optional	
Printing, binding, copying	Lump sum			Optional	
Telephone	Lump sum			Optional	
Hatchery Equipment					
Equipment	Lump sum			Describe	
Equipment	Lump sum			Describe	
Equipment	Lump sum			Describe	
Other					
Other	Lump sum			Describe	
Permits					
Permits	Lump sum			Optional	
Professional Services					
Consultant(s)	Lump sum			Optional	
Mapping/GIS	Lump sum			Optional	
Photography	Lump sum			Optional	
Professional services – other	Lump sum			Optional	
Testing	Lump sum			Optional	
Rentals & Leases					
Meeting rooms	Lump sum			Optional	
Rentals & leases – other	Lump sum			Describe	
Vehicle lease	Lump sum			Optional	

6. Non-Capital Cost Estimate (Continued)

Item	Unit	Qty.	Total Cost	Description Needed	Description (60 characters max.)
Salaries & Benefits					
Biologist	# of FTE's			Title	
Engineer	# of FTE's			Title	
Geomorphologist	# of FTE's			Title	
Hydrologist	# of FTE's			Title	
Natural resource planner	# of FTE's			Title	
Water quality specialist	# of FTE's			Title	
Salaries & benefits - other	# of FTE's			Title	
Salaries & benefits - other	# of FTE's			Title	
Salaries & benefits - other	# of FTE's			Title	
Salaries & benefits - other	# of FTE's			Title	
Supplies					
Computer software	Lump sum			Describe	
Forms, maps, stationery	Lump sum			Optional	
General supplies	Lump sum			Optional	
Publications	Lump sum			Optional	
Transportation/Travel					
Fuel	Gallons			Optional	
Mileage	Rate			Miles	
Per diem	Each			Optional	
Transportation/travel – other	Lump sum			Describe	
Vehicle use	Rate/month			Optional	
Sales Tax					
TOTAL PROJECT COST					



Note: The Total Project Cost must equal the total from the previous Funding Request in Section 5.

7a. Application Questionnaire

All applicants must answer the following questions.

Is this project located at a hatchery or hatcheries? If so, provide the name(s) below:

Is the work site on a stream and/or other waterbody? If yes, name the stream and/or waterbody. If the stream is a tributary of a larger stream, also name the larger stream. If you know the river mile, list it here.

In what Water Resource Inventory Area(s) (WRIA) is the work site located? (Provide name and/or number)

What are the geographic coordinates of the work site(s) (in degrees, minutes and seconds)? Describe where and how they were taken. [If you do not have them, you may leave this question blank]

What is the township/range/section of the work site(s)? [If you do not have them, you may leave this question blank]

In what county(s) is the work site(s) located? In what city, if applicable?

7b. Application Questionnaire

Non-profit organizations must answer the following questions.

Is your organization registered as a non-profit with the Washington Secretary of State? If so, what is your Unified Business Identifier (UBI) number?

What date was your organization created?

8. Work Site Information

Driving Directions (provide directions that will enable staff to locate the project):

Current Landowner(s) of the site (name and address):

9. Salmonid Species Information

Select one or more target Salmonid species for this project that are either directly or indirectly affected.

Salmonid Species	Species Targeted
Bull Trout	<input type="checkbox"/>
Chinook	<input type="checkbox"/>
Chum	<input type="checkbox"/>
Coho	<input type="checkbox"/>
Cutthroat	<input type="checkbox"/>
Pink	<input type="checkbox"/>
Sockeye	<input type="checkbox"/>
Steelhead	<input type="checkbox"/>

10. Permits Needed

Check the appropriate boxes to indicate required and/or anticipated permits.
General permit information can be obtained at the Dept. of Ecology Permit Assistance Center
1-800-917-0043 or on their Web site www.wa.gov/ecology.

Permits	Comments Regarding Permit Status
<input type="checkbox"/> Aquatic Lands Use Authorization <i>(Dept of Natural Resources)</i>	
<input type="checkbox"/> Building Permit <i>(City/County)</i>	
<input type="checkbox"/> Clear & Grade Permit <i>(City/County)</i>	
<input type="checkbox"/> Cultural Assessment [Section 106] <i>(CTED-OAHP)</i>	
<input type="checkbox"/> Dredge/Fill Permit [Section 10/404 or 404] <i>(US Army Corps of Engineers)</i>	
<input type="checkbox"/> Endangered Species Act Compliance [ESA] <i>(US Fish & Wildlife/NMFS)</i>	
<input type="checkbox"/> Forest Practices Application [Forest & Fish] <i>(Dept of Natural Resources)</i>	
<input type="checkbox"/> Health Permit <i>(Dept of Health/County)</i>	
<input type="checkbox"/> Hydraulics Project Approval [HPA] <i>(Dept of Fish & Wildlife)</i>	
<input type="checkbox"/> NEPA <i>(Federal Agencies)</i>	
<input type="checkbox"/> SEPA <i>(Local or State Agencies)</i>	
<input type="checkbox"/> Shoreline Permit <i>(City/County)</i>	
<input type="checkbox"/> Water Quality Certification [Section 401] <i>(County/Dept of Ecology)</i>	
<input type="checkbox"/> Water Rights/Well Drilling Permit <i>(Dept of Ecology)</i>	
<input type="checkbox"/> Other Required Permits <i>(identify)</i>	
<input type="checkbox"/> None – No Permits Required	

11. Supplemental Questions

Provide a response to each of the following questions.

1. **Project Goals:** Succinctly describe the specific result(s) and/or end product(s) your proposed project intends to achieve. Also, as appropriate, state the hypotheses to be tested.
2. **Project Objectives:** Please number and list the objectives of the proposed work. Each objective should begin with an active verb (e.g. "Test", "Measure", etc.). Describe both the scientific and management purposes, where appropriate.
3. **Anticipated Outcomes/Benefits:** Describe the expected outcomes/benefits of the project, including a statement of how the results can be applied to the problem or opportunity addressed.
4. **Study and Design Methods:** Succinctly describe the general methods for achieving the objectives and project goal. What is the overall study design? How will specific hypotheses be tested? Methods or approaches should be numbered and clearly correspond to each objective listed above.
5. **Rationale and Justification:** Describe the problem, question, or opportunity. How does the proposed project fit into the overall goals of hatchery reform?
6. **Partnership Groups:** List and briefly describe partnership groups (e.g. sportfishing groups, community clubs, etc.) that support or will cooperate with the proposed project. Type "None identified to date" if this is the case. Letters of support and/or cooperation from each listed group should be attached to the end of the application.
7. **Timelines for Completing Objectives:** Include a timeline for completing each of the numbered objectives under item 2. This timeline should end with a planned submission date (mo/yr) of an annual (final) report. If this is a phased project, note the phasing schedule as well.